

QUALIFICATIONS FOR DETENTION OFFICER

Required Knowledge, Skills, and Abilities

Applicant must have good oral and written communication skills coupled with computer literacy, including typing. The ability to learn quickly, solve problems and good judgment while acting under pressure is mandatory. Applicant must have acute observation skills, be self-motivated and assertive. Integrity and good interpersonal skills are imperative.

Special Qualifications:

1. Applicant must have a high school diploma or equivalent.
2. Applicant must be in possession of a valid driver's license or be able to obtain a Montana driver's license before hiring date.
3. Must be a citizen of the United States.
4. All applicants who have been convicted of a criminal offense may be disqualified. A habitual law violator will also be disqualified. Circumstances surrounding all arrests and convictions will be carefully considered and evaluated in determining the fitness of the candidate for employment. Conviction of a felony will be grounds for automatic disqualification.
5. Must be able to complete and be certified as a Montana Basic Detention Officer within the first year of employment. This will involve traveling to and staying in Helena for a period of three (3) weeks.
6. Must become certified in Adult CPR and Basic First Aid before the end of the first month of employment.
7. Must be able to lift 50 pounds, drag 100 pounds and negotiate stairs.

Detention Officer Job Description

Detention Officers are primarily concerned with the supervision of inmates within the Detention Facility. In this position you must:

1. Work weekly and rotational shifts, holidays & weekends.
2. Deal with and work under stressful conditions.
3. Be able to receive and follow written/verbal orders correctly.
4. Make quick decisions and accept responsibility.
5. Maintain confidentiality.
6. Have a working knowledge of computer, basic typing of 25 wpm, gross.
7. Complete the receiving and processing of arrested persons.
8. Inspect all inmates living quarters within the facility.
9. Write grammatically correct reports and documentation.
10. Transport inmates, as necessary.

You must submit a completed POST application and both signed waiver forms.

(Both waiver forms are attached to this announcement.)

POST Applications are available online at: http://flathead.mt.gov/human_resources/jobs.php

TESTING DATES AND TIMES

The physical testing will be done on **Tuesday, May 11, 2010, at 12 noon** at the National Guard Armory on Hwy 93 North. Please come prepared to complete all the physical requirements listed on the “Physical Fitness Test”, attached.

The Second Phase will be on **Wednesday, May 12, 2010 at 9:00 am** 920 South Main Street, Kalispell (Sheriff’s Office). This will be a video scenario testing. This testing will address decision making skills, reading, writing, and basic math. These tests will be sent out to be scored.

Examination Requirements:

1. All applicants must successfully pass written, physical and drug tests.
2. The procedure for the physical fitness test is attached. The “Waiver of Responsibility” must be completed and included in your application. **Applications received without this completed form will not be considered.**
3. The physical fitness test may be waived **if the applicant has successfully completed the Montana POST test within the last six months.**
4. Applicants must request their score from the Montana Board of Crime Control (406-444-3604) be sent directly to the Flathead County Sheriff. **There will be no exceptions.**

Investigation of the Applicant:

Each applicant must sign the attached waiver, waiving any objections to a full investigation of their past by the Flathead County Sheriff’s Office. **Applications received without this completed waiver will not be considered.**

This is the only notice of testing dates you will receive.

**FLATHEAD COUNTY SHERIFF'S OFFICE
PHYSICAL FITNESS TEST**

WAIVER OF RESPONSIBILITY

I, _____, understand that as part of my application process, I will be required to participate in a strenuous physical fitness test. I hereby agree that I will not hold the Flathead County Sheriff's Office or its representatives liable for any injury or damages that may be the result of my participation in this test.

OR

I have called MBCC and my scores for the written ____ and / or the physical ____ tests will be forwarded by MBCC.

Applicant Signature

Date

RELEASE FOR INFORMATION

TO WHOM IT MAY CONCERN

I have applied for a position with the Flathead County Sheriff's Office. In connection with that application, I hereby authorize the Flathead County Sheriff's Office to obtain any records available which refer to my credit history, educational background, medical and mental health history, military service and criminal history.

I hereby authorize any person or agency which receives this release from the Flathead County Sheriff's Office, to release any information concerning me that is maintained in said person's or agency's files including information of a confidential or privileged nature. I hereby release any person or agency which releases such information to the Flathead County Sheriff's Office, and the Flathead County Sheriff's Office from any liability or damage which may result from furnishing the information requested.

I understand that any information discovered or communicated to the investigator or agent conducting this background investigation suggesting possible criminal behavior shall be promptly communicated to the appropriate jurisdictional investigating agency.

I authorize and release any and all information related to any agreement, understanding, memoranda, or contract, verbal or written, and that any previous employer is released from liability for releasing any documents, recordings, images, or digital data related to the factual circumstances of my separation from employment with any previous employer.

Please furnish any information concerning the below named individual to the following address:

Flathead County Sheriff
800 South Main
Kalispell, MT 59901

Applicant's Signature

Date Signed

Printed Name

Social Security Number

Street Address

Date of Birth

City

State

Zip

Place of Birth